



"People helping
people help
themselves."

Division of
Mental Health
and Addictions

Logansport State Hospital

The Spectrum

In this issue:

ERD 1

Spyke The
Psyche 2 & 3

Bridge Re-open3

JETC Survey ...
.....4 - 6

Surveys.....7

Spotlight8

Retires9

Thanks10

The Book Nook
..... 11

ERD Continued
..... 12

Haunted Dance.
..... 12

Golf Tourney
..... 13

Fresh Feature...
..... 13

Culinary Corner
..... 14 & 15

Upcoming
Events..... 15

Who Am I? 16

Vol. 17, No. 9
September
2007

EMPLOYEE RECOGNITION DAY 2007

September 27

Join us in celebrating Employee Recognition Day.

Enjoy a grilled picnic meal and watch co-workers receive awards for their years of service. Awards will be given to those employees who have served in five year increments,

Look for more information on this fun-filled day on page 12.





SPYKE THE PSYCHE



MOVE IT AND LOSE IT: DEPRESSION, THAT IS

Exercise helps some people more than drugs

Exercising takes a bit more effort than swallowing a pill, but when it comes to treating depression, moving your body may be a better option.

Depressed people not only feel better after working up a sweat, say Duke University researchers, but for some, exercise is better medicine than medicine itself.

"While there are tremendous advantages to drugs, they don't work for everyone," says psychologist James Blumenthal, a medical professor at Duke and lead author of the study on exercise and depression. "Now, at least, doctors have another option to offer."

The researchers worked with 156 older people who had major depression but were not suicidal or psychotic. They asked one group of participants to attend a group exercise program for four months, another group to attend the exercise program and also take the antidepressant Zoloft, and a third group to take the antidepressant only.

"We had two surprises with this," says Blumenthal. "That we got as many volunteers as we did, and that four out of five stayed with the program."

Participants who exercised only - they took no antidepressant - showed greater improvement than those who just took antidepressants and those who took medication and exercised, the study says. Results appear in the October issue of the journal *Psychosomatic Medicine*. "Our findings show that a moderate exercise program is an effective treatment for patients with major depression," Blumenthal says, "but our study did have some limitations. There was no control group, and we really don't know why exercise helps depression."



SPECTRUM

Logansport State Hospital
1098 S. State Rd. 25
Logansport, Indiana 46947

The Spectrum is published and distributed on the second payday of each month for employees, retirees, and friends of Logansport State Hospital.

Darrin Monroe.....Editor & Photographer..ext. 3803
Tressa Bowman.....Supt. Secretary.....ext. 3634
Chris Taylor.....Comm. Services.....ext. 3709
Maureen Guimont.....Personnel.....ext. 3626
Brian Newell.....Librarian.....ext. 3712
Marjorie Potts.....Staff Development.....ext. 3801
Sue Bennett.....Service Line Manager. ..ext. 3846
Erica Deeter.....Housekeeping.ext. 3689

Richard Cotton, an exercise physiologist in San Diego County, has an educated guess. "Exercise helps depression for a number of reasons, both physical and psychological," says Cotton, who's also a spokesman for the American Council on Exercise. "When people begin to change their body and look better, they have a greater sense of control, and the helplessness that goes along with depression decreases. We create more body awareness when we exercise, and that sense of body compared to that numb state of depression can make you feel better. And just the fact that you are doing something for yourself makes you feel better about yourself.

Apparently, it's a feeling that can last, too.

Blumenthal followed the study participants for six months and found that those who continued to exercise were much less likely to see their depression return.

"The effectiveness of exercise seems to persist over time," he says.

But the study has one other limitation, Blumenthal says. Because the volunteers exercised in a group, it's unclear whether it was the exercise, the social interaction or a combination of the two that did the trick. He hopes to answer that question in the next study, which begins in early October.

"There was no therapy taking place in these groups, but the patients got a lot of encouragement and support," he says. "In the next study, we'll have patients exercising in a group and others on an independent program at home."

Health 24.com



JETC SURVEY IS A SUCCESS

Jayne English Treatment Center (JETC) is not only surveyed by Joint Commission every three years with the entire hospital, JETC is also surveyed annually by the Indiana State Board of Health (ISBH). The ISBH is responsible for assuring that all ICF/MR facilities in the State of Indiana are in compliance with the Federal Center of Medicaid Services (CMS) federal regulations that govern the operation of these facilities. In the past few years, the CMS has increased surveyed programs by joining the ISBH surveyors in annual surveys.

We have had Federal surveyors for the last two years during our annual surveys. These annual surveys are necessary to renew the ICF/MR license each year,

The ICF/MR standards consist of 480 standards divided into 8 conditions of participation. While the surveyors may assess compliance of all 480 standards, the survey usually consists of approximately 100 standards that are considered significant or fundamental. The survey can be classified as a Fundamental, Extended or Full. The designation is made on how many of days are planned for the survey and the number of standards the surveyors will concentrate on. When one of the 480 standards is found to be out compliance, it often can be easily corrected and it is often considered a minor deficiency. If enough standards are determined out of compliance within a condition of participation or if one of the significant standards is found to be out of compliance, a condition of participation may be found to be out of compliance. When this occurs, the Medicaid funding is in danger of being terminated. The ICF/MR generally has 30 days to correct all deficiencies or standards out of compliance. A follow-up survey is conducted, between 30 days and 45 days after the plan of correction is accepted. If the unit has not corrected all the identified deficiencies, if new deficiencies are discovered during the follow-up survey, or not corrected by the expiration date of the license, the license will be revoked. If the license is revoked, the facility must undergo a survey that will examine all 480 standards, and we must be in full compliance. Full compliance often means that not one error can be discovered. For example one medication error will be cited as non-compliance during an initial or follow-up survey.

On 4/16-4/20, Jayne English started the annual survey process. The survey was listed as an extended survey. The survey team consisted of four ISBH surveyors and one Federal surveyor. The survey days started at 6am when the patients are awakened and lasted until the patients went to bed around 9:30 or 10:00 pm. To emphasize how closely that active treatment is assessed, one of the deficiencies that JETC received on the annual survey was the surveyors did not see enough active treatment between the hours of 6am and 7am.

The surveyors are assigned what is called survey tasks; one of these tasks is to observe the interaction between the patients and the staff. They complete this by observing in all areas of the patients day, they observe the interactions on the unit during free time, during the completion of ADLs, escorting to active treatment groups, interactions within the groups, meal times, and medication times. To complete these observations, the surveyors chose up to 15 clients that they followed through the patients' days and the staff were not aware of which patients the surveyors were observing. Once they completed the observations, the surveyors then reviewed the treatment plans to determine if the interactions that they observed were consistent with the treatment plan, and that the documentation in the treatment plan included objectives for all active treatment that the patient attended. The surveyors also reviewed all assessments to assure that the objectives were related to identified needs of the patient, and all needs were addressed. The surveyors then reviewed progress notes by all disciplines to assure that that the progress notes were consistent with the treatment plan and their own observations. It should be noted that, as part of the review of documentation, if monthly QMRP reviews or discipline progress notes were not indicating that the patient is making progress toward their objectives, the treatment plan must be revised and changes made to address the lack of progress. Then the next months notes must evaluate the effectiveness of these changes.

In addition to the observations, the surveyors met with the patients, to discuss their participation in the development of the treatment plan, their satisfaction with their care etc. The surveyors also contacted family members and guardians as part of the survey process.

The surveyors also spent significant time talking with all levels of staff, but primarily the direct care staff, asking them about unit policies, training, and individual patient programs.

This year, as well as the last few years, a major concern or area of interest was patient rights. The survey process in this area examined incident reports, investigations, and any restrictions to patient rights. Of concern this year was the client's ability to access their rooms when they wished. Doors to patient rooms cannot be locked as policy. Any restriction to a patient right must be approved by the hospital Human Rights Committee, as well as the patient themselves or their health care representative or guardian and can only be done on an individual basis. If for some reason any restriction is placed on a patient's right, this must be placed in the patient's treatment plan, with a plan on how and when these restrictions can be eliminated.

After completion of these survey tasks, the surveyors then met with the unit QMRPs, (Qualified Mental Retardation Professionals). The QMRP is the individual who is responsible for all aspects of the treatment for the patients they are assigned. They are responsible for the development, implementation, and evaluation of their clients' treatment plans. To complete this they are often responsible for the staff training, and supervision of the staff responsible to implement the treatment plan. The surveyors do not meet with these individuals until they have observed, reviewed documentation, spoke with the patient, the patients family/HCR, and the staff that implement the active treatment program. The interview consists of the QMRP clarifying any questions / concerns or inconsistencies between observations and the treatment plan.

The final survey task was to meet with the professional staff, and the Service Line Manager (who is a QMRP responsible by ICF/MR Standards for the overall development, implementation, and evaluation of all clients' treatment plan, as well as the staff training and supervision of all the JETC staff). During this meeting the surveyors outlined deficiencies that they observed. While the surveyors cite deficiencies they are not allowed to give any recommendations or consultation on how to correct any deficiencies.

Following this meeting, JETC received a written report of the deficiencies, and were given 10 days to develop a plan of correction to correct all of the cited deficiencies and 30 days to correct the deficiencies.

After a minimum of 30 days, a follow-up survey was conducted, with surveyors primarily looking only at the cited deficiencies during the annual survey. While they primarily look at the cited deficiencies the surveyors may look at any other standard they note as being deficient. While JETC corrected all cited deficiencies, one new citation was found on the follow-up survey. This resulted in additional follow-up survey.

JETC completed all surveys on 8/15/2007 by being found in full compliance and was granted a license to continue operation for another year.

While the importance of all staff on the JETC team is known, in an ICF/MR survey a facility cannot meet the condition of participation without the direct care staff, who assure the continuous active treatment of all patient by conducting groups, assisting with ADL, mealtime assistance, escorting and actively participating in groups with all disciplines, and providing rotation of attention and reinforcement of treatment objectives during the patients unscheduled time. The direct care staff did an excellent job during the follow-up survey by the ISBH and should be congratulated.

Thanks for a great job.

2007 Surveys

by Gayle Edgerly
Quality Management Director

Thanks to each of you for your efforts during and after the CMS survey (May 2007) and the Joint Commission survey (July 2007). The surveyors were quick to acknowledge that we serve a very difficult patient population and they were very complimentary of staff and the services provided. The following is the status of the Joint Commission and CMS surveys:

CMS

- Plan of correction developed and submitted for deficiencies in the areas of active treatment and staffing (8-17-07)
- Hospital leaders clarified responses at the request of CMS (8-31-07)
- Hospital leaders will continue to work with CMS until the plan of correction is accepted or denied
- When the plan of correction is accepted, CMS will conduct a follow-up survey

Joint Commission

- Improvements are required for several standards in the areas of medication management, medical staff, national patient safety goals, and the environment of care
- Clarification of a deficiency submitted to Joint Commission (8-22-07)
- Corrective action plans including evaluation methods are being developed for each deficiency and will be submitted to the Joint Commission
- Data will be submitted to the Joint Commission to demonstrate sustained compliance with the standards
- Joint Commission will conduct a follow-up survey

Thank you for taking an active role in making the necessary improvements that ultimately will benefit our patients.



"Preservation doesn't cost...it enriches."

Our mission is a simple one. We aim to develop Longcliff Museum to illustrate the story of the hospital from its inception in 1883, when the legislature first approved building the Northern Indiana Hospital for the Insane. We address advances in treatment of the mentally ill and also showcase our hospital's greatest asset – our employees.

The Museum Committee's Vision:

The Northern Indiana Hospital for the Insane officially opened July 1, 1888, initially serving 366 patients. Our census grew to 2,540 by 1944, peaking at 2558, 10 years later. Then modern psychotropic medications and the development of community mental health centers began a shift of mental health care to local communities. We aim to bring alive stories from the past showing the strength of the human spirit in adversity and the ongoing work of healing and recovery. Current exhibits include: hospital diaramas, a display from the Dairy Colony, original patient artwork, historical pictures, books and annual reports, medical instruments, farming equipment and hand tools, recreational equipment and archival films from 1938, 1959 and 1972 viewed on videotape.

Longcliff Museum has hosted over 9,000 visitors since we first opened in August of 1999. Our educational tours for high school, college and nursing students make up the bulk of these visitors. (That's over 1,000 visitors per year!) You are invited to our Open House: Saturday, September 29th, 11:30-3:00. Doodlebug rides for our open house will be given at 1:30 and 2:30, weather permitting.

We will also give tours during Employee Recognition Day, Thursday, September 27th, 7:00-8:00 am, 10:30-1:00, and 7:30-8:30 pm



JOHN MARCINIAK RETIRES:

THE LAST BEATTY EMPLOYEE AT LSH

Poem written by:
Ron Bennett



WE HEAR THAT JOHNNY M. IS LEAVING LSH TODAY, BUT WE WON'T LET HIM GO
WITHOUT HAVING OUR SAY.

WE WANT TO THANK YOU, JOHN FOR ALL THAT YOU'VE DONE. AS A REHAB
WORKER WE THINK YOU'RE A-1.

BEATTY GAVE US TWO "FRIENDLY" NURSES, TOM LESHER AND DOUBLE AUGHT,
TOO. BUT ONLY ONE REHAB THERAPIST, AND THAT, JOHN, WAS YOU.

YOU WORKED IN THE LSH WORKSHOP WITH ED AND WITH GENE. A CREW SUCH AS
THIS WILL NEVER AGAIN BE SEEN!

BUT THE WORKSHOP CLOSED AND TO ATUM YOU CAME. TO SHARE A BASEMENT
OFFICE WITH BENNETT AND JANE.

AS A PARTICIPANT IN POOL THANKFULLY, YOU HAD NO MATCH. HITTING THE BALLS
HARD AS YOU COULD AND HOPING YOU WOULDN'T "SCRATCH!"

IN '93 WE PLAYED THE LAST GAME AND DISCUSSED GOOD TIMES OF THE PAST.
ONE THING I REALLY WANT TO KNOW DID BENNETT REALLY COME IN LAST?

NEXT YOU WORKED ON LARSON AND HAD A FIVE-YEAR PLAN. YOU SAID "I'M SEMI-
RETIRED" AND THAT'S WHAT YOU TOLD PAM!

FINALLY, YOU WENT TO CLW TO WORK WITH THE "OLD GUYS". YOU SEEMED TO FIT
IN WELL AND REQUIRED NO DISGUISE!

SO GOOD LUCK IN RETIREMENT FROM YOUR FAMILY AND YOUR FRIENDS. WE
HOPE YOUR JOY AND HAPPINESS WILL NEVER, EVER END!

GOOD LUCK IN RETIREMENT NOW "GET OUTTA TOWN!" YOUR LSH FRIENDS.



Pictures by Erica Deeter and Marjorie Potts.

Carol Miller Gives Thanks

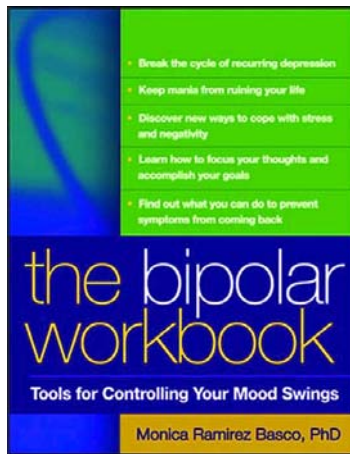
To my dear friends at LSH

Please accept my deepest gratitude for all of your
gracious, loving responses to my family and ~~me~~ during
this difficult time. Your calls, visits, hugs, cards, (even
birthday cards), listening ear, a surprise hot/peach party, and
daily prayers have given us the hope and strength to
carry through each day. Many people cross our paths during
our lifetime, but you all have left footprints on my soul.
God has granted me one of life's richest blessings of your
friendships

Carol Miller

The Book Nook

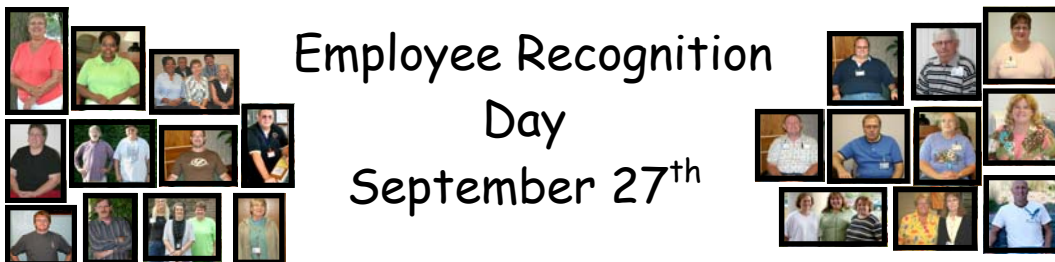
Basco, Monica Ramirez. The Bipolar Workbook: Tools for Controlling Your Mood Swings. NY: Guilford, 2006.



From the Publisher

Living with bipolar disorder is a lifelong challenge. Those who struggle with the illness have to learn effective ways to control their mood swings, avoid relapse, and get the most from medication-based treatments. This workbook delivers a hands-on resource that gives sufferers the edge they need. Based on proven cognitive-behavioral therapy techniques, the book offers a variety of tools that enable readers to recognize the early warning signs of an oncoming episode, develop plans for withstanding the seductive pull of manic episodes, and escape the paralysis of depression. Specific chapters address key challenges at various stages, from overcoming denial of the initial diagnosis to fine-tuning treatments and maintaining gains.

Send your book requests to bnewell@fssa.state.in.us or call ext. 3712. New books are ordered each month—everything from Aggression Replacement Training to Taber's Cyclopedic Medical Dictionary.



Join us in recognizing your fellow employees!

Picnic and awards in Fogel Auditorium. Times are as follows:

7am-8am for midnight shift (awards presented at 7:15am)

10:30am-1:30pm for day shift (awards presented at 10:00am)

6pm-7:30pm for evening shift (awards presented at 6:30pm)

Note: Longcliff Museum will be open during serving times above for staff to enjoy!!

HELP NEEDED FOR OCTOBER HAUNTED DANCE!

A Haunted Dance is being planned for Wednesday, October 31st from 6-8pm in the Fogel Auditorium.

A tunnel will be set up from the residence building to the Activity building.

VOLUNTEERS ARE NEEDED to create and decorate the tunnel, haunt the tunnel and auditorium, spook at the dance, play music, create interactive games at the dance and serve refreshments.

If you are interested in volunteering, please contact Tina at 3710 or Jill at 3711. We truly appreciate all of you who volunteer as you are the success of this activity as well as many others offered at LSH. Thank you!!



Meacham Golf Tourney



The 2007 Meacham Golf Tourney will be held on Monday, 10/08/07 at 10:15 am at Dykeman Golf Course in Logansport.

To enter players, you will need to get a \$10 entry fee to Rob Clover (3611), Kevin Vincent (3807), John Babb (3851) or Rick Ricks (3833) by noon on Wednesday 10/03/07. A meal will be served after the event in the Dykeman Pavilion. Prizes will be awarded to all participants and also for the longest put on holes 4 & 18 and closest to the pin on holes 6 & 12.

This annual event was started in memory of the late Jim Meacham. Jim loved to golf and he loved to have fun.

Please feel free to come join us on Columbus Day to golf and have fun!

Fresh Feature

Deskercises

Hand and Wrist Deskercises

Reach Out and Touch Your Fingers

This simple had exercise will help to increase the mobility of your fingers. It's easily done at your desk several times a day.

Do each hand individually. Touch the tip of your thumb to the tip of each finger in turn, making the circle as round as you can. Straighten your fingers in between touching each finger.

Culinary Corner

Cold Zucchini Soup with Cinnamon, Cumin and Buttermilk

This recipe serves 4

Ingredients:

1 pound trimmed zucchini
2 1/2 cups fat-free, reduced-sodium vegetable or chicken broth
1 tablespoon olive oil
1 cup chopped onion
1/2 teaspoon seeded and minced serrano chili pepper
1/2 teaspoon fennel seeds
1/2 teaspoon ground cinnamon
1 teaspoon ground cumin
1 1/2 cups good quality, low fat buttermilk
sea salt to taste
freshly ground pepper to taste

Garnish: chopped, fresh cilantro or fresh mint
lime or lemon wedges

Cooking Instructions:

1. Chop the zucchini in large chunks.
2. Add the broth to a soup pot, bring it to a boil and add the zucchini.
3. Reduce the heat and simmer, covered, for 4 to 5 minutes, or until the zucchini is barely tender and still bright green. Remove from heat and cool.
4. Meanwhile, heat the oil in a small, non-stick frying pan. Add the onion, chili pepper, fennel, cinnamon and cumin and sauté until onion is soft, but not brown and spices are fragrant.
5. Put both the zucchini and spice mixture into a food processor and pulse until well chopped but still retaining texture. Pour into a bowl and stir in the buttermilk and season to taste with salt and pepper.
6. Chill for at least 2 hours. Serve garnished with a sprinkling of cilantro and a few added drops of lemon or lime juice to taste.

Serving Size: 1 cup

Nutrition Information:

Number of Servings: 4

Per Serving: Calories - 114, Carbohydrate - 15 g, Fat - 5 g, Fiber - 2 g, Protein- 5 g, Saturated Fat - 1 g, and Sodium - 333 mg.

Cold Soups for Hot Weather
by John Ash

Watermelon Raspberry Ice Pops

2 cups watermelon, seeded and diced
1 cup fresh raspberries
1/3 cup Splenda® Granular
1 tablespoon lemon juice
1 tablespoon light corn syrup

Place all ingredients in blender or food processor. Blend until smooth. Pour ingredients out of blender. Strain through a sieve into a small bowl, pressing firmly to extract as much of the liquid as possible. Discard pulp. Pour extracted juice into popsicle molds and freeze for at least 6 hours or overnight. Makes eight servings.

Nutrition Information per serving:

Calories 30, Calories From Fat 0, Total Fat 0 g, Saturated Fat 0 g. Cholesterol 0 mg .Sodium 0 mg, Total Carbohydrate 8 g, Dietary Fiber 1 g, Sugars 5 g, Protein 0 g

Diabetic Exchanges: 1/2 fruit

That's My Home web site.



UPCOMING EVENTS

- | | |
|---|---|
| 📌 September 27 th - Clinton Co Gold Ladies | 📌 October 5 th and every Friday in October Sid Sitter in the Library |
| 📌 September 28 th - Sid Sitter in Library | 📌 October 8 th Meacham Golf Tourney |
| 📌 October 1 st - Purdue Bingo for Dodds1 West | 📌 October 13 th - Family Mixer with Loretta Lynn for entertainment |
| 📌 October 1 st - Social Club @ Cass Co MHA | 📌 October 15 th - Dinner @ Galveston Church for SWW |
| 📌 October 3 rd - Purdue Bingo for Dodds 1 West & Dodds 2 West | 📌 October 17 th - Catholic Mass |
| 📌 October 4 th and every Thursday in October - Creative Writing in the Library | 📌 October 22 nd - Tippecanoe Co MHA |
| 📌 October 5 th - Purdue Bingo - Dodds 2 West | 📌 October 25 th - Clinton Co Gold Ladies |

Who Am I?

Can you guess who this is?

If you can, call Darrin Monroe at # 3803 or e-mail: darrin.monroe@fssa.in.gov by October 12. All correct answers will be entered in a drawing, sponsored by the Morale Boosters to win a free “Jumbo” soft drink at the Hillside Café.

Winners will be announced in the next Spectrum.

Need a hint?

This girl knows how to assist in a variety of disciplines throughout LSH...and her voice can be heard across the hill!

Find out who this is in our next issue.

Last Issue:



Melissa Stewart



The correct guess and winner of a free Jumbo size drink is: Shadi Haghani.

If you have an early picture of an employee and would love to have a little fun with it, call Darrin Monroe at # 3803.